



# COMMONWEALTH of VIRGINIA

*Department of Health*

P. O. BOX 2448  
RICHMOND, VA 23218

## MEMORANDUM

TO: Vendors Applying For Inclusion In The Virginia  
Voluntary Formulary

FROM: Virginia Voluntary Formulary Board

Enclosed is a copy of the Virginia Voluntary Formulary  
Drug Information Form.

A Virginia Voluntary Formulary Drug Information Form must be completed for each product your company desires to have included in the Virginia Voluntary Formulary. The Pharmaceutical Quality Control Form must be filled out completely for all strengths of each dosage form to be included in the Formulary. Even if quality control data are submitted in a separate enclosure from the form, those data must also be included on the form where requested. The Bioavailability Data Report Form may be completed for only one strength of a dosage form except where additional studies are required by the U.S. Food and Drug Administration. Specific results as outlined under "data presentation" must be included. FAILURE TO PROVIDE REQUESTED BIOAVAILABILITY AND QUALITY CONTROL DATA OR TO COMPLETE THE FORM AS INSTRUCTED MY RESULT IN A PRODUCT NOT BEING CONSIDERED FOR FORMULARY INCLUSION.

Completed Virginia Voluntary Formulary Drug Information Forms should be sent to Mr. James K. Thomson, Director-Bureau of Pharmacy Services at the following address:

Submissions by courier (UPS, etc)

Virginia Department of Health  
Bureau of Pharmacy Services  
101 North 14th St S-45  
Richmond, VA 23219

Submissions by US Postal Service

Virginia Department of Health  
Bureau of Pharmacy Services  
PO Box 2448  
Richmond, VA 23218

Please contact Mr. Thomson if you have any questions  
(804)786-4326.